BEST AVAILABLE COPY													
								Application or Docket Number					7
	PATENT	RD	19/752656										
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS							ſ	RATE FEE		1	RATE	FEE	1
FOR			NUMBER FILED		NUMBER EXTRA			Basic Fee	355.00	OR	BASIC FEE	710.00	1
TOTAL CHARGEABLE CLAIMS			40 mi	inus 20= *				X\$ 9=		OR	X\$18=	2.0	1
INDEPENDENT CLAIMS			Ly m	ninus 3 =		- 77		X40=		1	X80=	360	1
MULTIPLE DEPENDENT CLAIM P			RESENT	ESENT						OR		ठ०	1
•	the difference	in column 1 is	less than z	ero, ente	r "0" in c	column 2	L	+135=		OR	+270=		4
	•			•				TOTAL		OR	TOTAL		4
5.16.03 (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER CUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
₹	Total	. 2	Minus	**				X\$ 9=		OR	X\$18=		1
AME	Independent	NTATION OF M	Minus DE	***	Ci Alla		ı	X40=		OR	X80=		1
	Tringi Phese	NIATION OF M	OLTIPLE DE		CLAIM			+135=		OR	+270=		1
8	6.04	(Column 1)		(Colur	ma 21	(Column 3)	Al	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		1
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	8 (6) 4.44	HIGH NUM PREVIO PAID	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
2	Total	.41	Minus	<u></u> +	10	- 18		X\$ 9=	.,.	OR	X\$18=	18	I
AME	Independent	NTATION OF M	Minus	L	CLADA	-/80a	l	X40=		OR	x\$X	84	1
	I INSI PRESE	IN IN ION OF ME	JEHRLE DE	CAVENI	CLAIM			+135=	·	OR	+270=	-	1
١	· · · · ·						A.C	YOTAL DIT. FEE		OR	TOTAL ADDIT. FEE	1041	E
Ť	10 C	(Column 1)		(Colun		(Column 3)						7	
S F		CLAIMS REMAINING AFTER		HIGH NUME PREVIO	BER	PRESENT EXTRA	Γ	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	

"If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20.
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

Minus

Minus

X\$ 9= X\$18= OR X40= X80= OR +270= +135= TOTAL OR ADDIT. FEE

FORM PTO-878 (Rev. 8/00)

Total

Independent